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FEE TRANSMITTAL**For FY 2004** SEP 07 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** \$ 1,190.00**Complete if Known**

Application Number	10/911,963
Filing Date	July 23, 2002
First Named Inventor	James B. Terry
Examiner Name	J. Lee
Art Unit	3673
Attorney Docket No.	1391-10210 DAR

METHOD OF PAYMENT (Check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
 Deposit Account Number: 03-2769
 Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
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☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Code (\$)	Fee	Code (\$)		
1001	770	2001	385	Utility filing Fee	\$
1002	340	2002	170	Design filing fee	\$
1003	530	2003	265	Plant filing fee	\$
1004	770	2004	385	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

SUBTOTAL (1) \$00.00**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

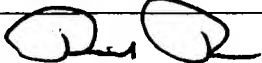
		Extra Claims		Fee from below		Fee Paid	
Total Claims	*	20**	= 0 x	18.00	=	\$	
Independent Claims	*	3**	= 0 x	86.00	=	\$	
Multiple Dependent				290.00	=	\$ 00.00	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Code (\$)	Fee	Code (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent Claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	DAVID A. ROSE	Registration No. (Attorney/Agent)	26,223	Telephone	(713) 238-8000
Signature		Date	September 3, 2004		

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